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Original Communications.

ACUTE PERIOSTITIS OF THE OCCIPUT AND UPPER CERVICAL
VERTEBRÆ.

By GEORGE ATWOOD, M.D., Fairhaven, Mass.

Read before the Boston Society for Medical Improvement.

G. M. L., of Mattapoisett, a railroad contractor, aged 50, and weighing, in health, about two hundred pounds. For the last six years, he has been a teetotaler; he was never a great eater, though, from the nature of his business, he was, necessarily, irregular in his habits. For many years, he has been engaged in business that demanded great mental and physical labor. Excepting a few severe accidents, and occasional slight attacks of rheumatism, Mr. L. has enjoyed good health.

About the 24th of August, 1873, he began to complain of soreness in the left nostril. On the 26th, Dr. Sparrow, of Mattapoisett, was called, and found what appeared to be erysipelatous inflammation, spreading over the left side of the face and neck. It continued to extend upward to the forehead, and downward into the mouth and fauces. He had considerable fever. The pulse was 100 and upward. There were signs of slight inflammation of the lungs.

Sept. 4th.—I saw the patient in consultation with Dr. Sparrow. The whole of the left side of the face and neck was swollen; the left eye was entirely closed; the right, partially so. The color of the skin was very dark, particularly on the nose; there was vesication over about one-third of the diseased surface. The difficulty of opening the jaw was so great as to preclude the possibility of satisfactorily examining the mouth. Difficulty of swallowing and of talking was not great, though it was evident that the pharynx and posterior nares were involved in the disease. Some sloughing from the mouth had occurred. The respiration was not much disturbed. The pulse was 100, and regular. The mind was clear. The bowels were easily moved. He was directed to take milk, beef-tea or mutton-tea, egg-nog or porter, quinine and iron.

For about a week, the case seemed critical; but, after this time, Mr. L. appeared to be improving daily, in appearance and strength. He ate well and slept well, and rode out several times, the last time on October 14th. He remained out three hours. The wind was east, and cold; but, at the time, he suffered no inconvenience. All the functions of the body seemed natural. The pulse, however, never had varied from 100, but it continued regular. There had been no reason to suspect cardiac trouble.

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Oct. 14th.—Mr. L. called the attention of Dr. Sparrow to pains in the neck. These were regarded as neuralgia, and little, or nothing, was done.

Oct. 15th.—This afternoon, I received a note from Mrs. L., stating that her husband was suffering from severe pain in the neck and shoulders.

Oct. 16th.—I was sent for to-day; and, as Dr. Sparrow had left town, to be absent several weeks, I took charge of the case. My first impression of the case was that it was neuralgia; but the next day all doubts were removed. There were frequently recurring spasms of the neck; the muscles were rigid; the jaw was tightly closed; the patient could only take liquids, and these, on being swallowed, excited spasms; he could not lie down in bed, for, immediately on making the attempt, spasmodic action would follow, so as to render the act impossible. On moving the head, pain would commence in the neck, and extend upward over the back of the head, and downward to the shoulders, but never any farther. The pulse was 95, and at times intermitting. During the next four weeks, he did not lie in bed, but slept in a chair, when he was not walking the room.

Nov. 15th.—Is taking iodide of potassium, bromides, cod-liver oil, strychnia, with tincture of iodine, blisters and counter-irritation to neck. He inhales ether according to necessity. He can now lie in bed for a short time. The pain and suffering are less. For the first time, I used Gaiffe's electro-magnetic battery in the case. Before passing the current, the pulse was 100; in twenty minutes after, the patient was freely perspiring, with the pulse at 88.

Nov. 16th.—Pulse 80. Feels more comfortable. Slept better.

Nov. 24th.—Feels comfortable; spasms growing less frequent. He can move his head without pain. He lies quietly in bed at night. He relishes his food, and is very fond of mutton broth, which he has taken, daily, from the commencement of his sickness; grapes are also relished. The pulse 100, intermitting. Temperature in axilla 97.5°.

Nov. 27th.—Pulse 80, regular. Pain less. He moves his head slowly, as if fearing the recurrence of spasm.

From this time to about the middle of December, there seemed to be gradual but certain improvement, as indicated by less frequently recurring spasms, which were now comparatively slight, and did not occur oftener than once or twice in twenty-four hours. There were, indeed, days during which no spasms occurred. Other indications of improvement were observable: ability to rise from bed without assistance, and to rest in bed all night; good appetite and digestion, and ability to move his head without pain. On the other hand, it is proper to say, there was slight deafness, and the pulse was seldom below 100. In lying down, or on rising, he would place both hands under his head, apparently to prevent suffering. The face never resumed its natural color; at times, it was very red, at others, pale or mottled.

During the second period in the history of this case, as perfect rest was maintained as was compatible with the comfort of the patient. While ether greatly relieved pain and spasm, morphia, belladonna and chloral produced symptoms of cerebral disturbance, that contraindicated their use, and they were, therefore, discontinued.

Dec. 15th-20th.—About this time, Mr. L. complained of what he

termed snapping on turning his head, and would ask if we could not hear it. A few days afterward, on placing my hands on his head and slowly turning it, a snapping was not only felt and heard by myself, but heard by his wife, standing near. Many times subsequently to this date, the same sensation was experienced.

Dec. 31st.—This afternoon, while resting his head on the shoulder of his wife, he suddenly exclaimed, "There, didn't you hear that? It was as loud as a pistol." He was immediately placed on the bed with a paralyzed right arm. The left arm was slightly affected. He complained of a "pricking" sensation in the lower extremities. Pulse 47; two hours later, 80. His continued exclamation was, "I'm coming together!" In reply to the question, "How does your neck feel?" he said, "I feel like rubbing a match a little." A few days later, he said, respecting the sensation of "coming together," that he seemed to be shortening. To Dr. Sparrow, who was now in daily attendance, he said he felt "as if he was not more than six inches from head to foot."

Jan. 8, 1874.—To-day, I consulted Dr. J. B. S. Jackson, who, after listening to my account of the case, suggested caries of the vertebrae. He could give no encouragement; absolute rest was recommended. In this opinion, Drs. Bigelow and Ellis concurred. About this time, Dr. Gordon, of New Bedford, saw him, and, at his suggestion, chloral was administered with good results. For a few days following the paralytic attack, his discharges were passed in bed; but, subsequently, he gained sufficient strength to raise his body upon a pan placed beneath him. Power in the arms became so far restored as to allow him to raise his hands to his head. With the exception of a few hours of delirium, that occurred about a week prior to his death, his mind was unimpaired to the last.

The quantity of urine greatly increased, until the last week of sickness, when, for the first time, were discovered indications of a change from a healthy condition; it was seen to be loaded with phosphates.

Jan. 21st.—Towards evening, he called for oysters, and, I think, toast. When brought to him, he said that, instead of these, he would have some gruel. As this was handed him, he screamed, "Take the fastest horse and go for the doctor!" The next moment, he was dead.

On dissection, the condyles of the occiput, both articulating surfaces of the atlas, the axis and the odontoid process were denuded and eroded, the latter feeling smooth and like a piece of ivory. No induration of the tissues, and no effusion of pus or lymph was apparent; but the periosteum and ligaments around the spine, and on the base of the occiput, to the extent of an inch from the foramen magnum, could be easily torn; the softening being more marked on the left side than upon the right, although the tissues generally were of a dull red color and softened. The transverse ligament connected with the odontoid process was destroyed, and mobility of the head was quite free.

The history of this case I have written hastily, from a few written notes and from memory. In doing this, while noting every important particular to secure accuracy, I have endeavored to be as concise as possible, and to this end have refrained from expressing any opinion of my own.

Dr. Jackson, who read the foregoing history of the case to the So-

ciety, showed the atlas, which he had received from Dr. Atwood. In the recent state, the soft parts separated readily from the body of the bone, and from the laminae, except at their posterior extremity, as in the case of a bone that had been pretty thoroughly macerated. The four articular surfaces were quite denuded of cartilage, but the intervertebral substance, above and below, seemed unaffected. The spinal marrow and membranes within this vertebra looked sufficiently well. Now that the soft parts had been removed, and the bone had been dried, the surface of the body was seen to be roughened, and the upper articulating processes decidedly carious, though the lower were smooth.

A CASE OF PYÆMIA FOLLOWING A WOUND OF THE FEMORAL ARTERY AND AMPUTATION.

By PETER PINEO, M.D., of Hyannis, Mass.

THE following case may present some spiritualistic, as well as surgical, interest:—

Mr. —, a somewhat noted Spiritualist, who believed he had seen departed friends face to face, and had repeatedly received messages from the spirit land, was induced to suspect his wife's faithfulness. His jealousy at length rested upon an unfortunate musical professor. After urging the man to go to his house to tune his piano, and saying that he had to be absent from home during the afternoon, he secreted himself in his own cellar to listen. Very soon, he imagined that piano-tuning was neglected, and unnecessary conversation with his wife was in progress. In his frenzy, he rushed from the cellar into the room, and made an attack upon the surprised gentleman with a jack-knife, the blade of which was exceedingly sharp, and ground to a point. He knocked the man down and commenced stabbing him in the lower extremities. During the encounter, the assailant received a severe wound in his thigh, from his own knife, in his own hand. The wound was more than four inches deep. The knife struck the bone, and, glancing off, wounded the femoral artery, as it dips down into the thigh to form the popliteal; he lost, in a short time, a large quantity of blood, producing partial syncope.

I saw him in about twenty minutes after the occurrence, and, after etherizing, made the necessary incisions, and tied the wounded vessel *in situ*, above and below the point of injury. A bandage was then evenly, but not tightly, applied from the toes to the thigh.

During the first week, we were encouraged to hope that the leg was being nourished by collateral circulation. In the latter part of the second week, however, unfavorable symptoms manifested themselves; it became evident that gangrene had commenced, and it was decided to amputate. With the advice and assistance of Dr. Leonard, of Sandwich, and Dr. Doane, of Hyannis, amputation was done at the lower part of the middle third of the thigh.

Reaction was slow, but at length complete; and the third week after removing the limb, the stump had nearly healed, the appetite and strength were good, and the patient was apparently out of danger.

One day, after dressing the limb, and while everything appeared satisfactory and promising, I said to the patient, in the presence of

Dr. Doane, "Well, sir, I see no reason why you should not get well, and be about soon." "Oh," said he, "I have always known I should get well. I was told by my spirit friends that all this would happen; and they told me, also, that I should pull through, all right. Now," said he, "mark my words, doctors, if I do not get well, do you never have any confidence in Spiritualism, hereafter."

The latter part of the sixth week from the time of receiving the wound, a severe chill supervened, which was repeated at intervals, followed by delirium and great distress, and he died the forty-fifth day after the injury.

It is just to state that the first ten days after the injury, he was in a condition of great mental exaltation, and almost night and day would recite the occurrence and its causes to innumerable persons, notwithstanding the strictest prohibition, advised and repeated again and again.

MANAGEMENT OF THE PLACENTA IN ABORTION.

By W. A. HARVEY, M.D., Chicago, Ill.

ABORTIONS, which have become so frequent of late, and so disastrous, should command in ready use all the resources of our art, to diminish their evil effects.

Although I may not hope to offer anything new on this subject, I may, at least, call the attention of the profession anew, and with emphasis, to one unfortunate complication of it, namely, to the usual retention of the placenta, and its attendant evils, after the expulsion of the foetus, in cases occurring from the third to the fourth month of pregnancy.

For the first two months after conception, the foetus and its sacs are relatively so small, and their connection with the uterus so feeble, that they are expelled together *en masse*; also, after the fourth month, and as full time is approached, the placenta readily follows the birth of the foetus. But there is a period, and one, too, of the greatest liability to abortion, when, from the greater volume of the placenta, and its more firm connections with the womb, the foetus alone may be expelled, and the after-birth remain intact. Pains may now cease for days, or weeks; the patient, and physician also, deceived by this circumstance, and by the promiscuous appearance of the clots, suppose the woman to be "through and all right," and so the attendant takes his leave of the case, but with the certainty of being recalled, it may be, only to witness the fatal results of heedlessness or unskillfulness.

Mrs. C., aged 25 years, pregnant the third time, aborted September 17, 1873, forty miles away in the country. One week after, while at her domestic duties, she had a sudden "gush of blood," and flooding; this was repeated many times, and without pain, until Nov. 8th, when, in the meantime having removed to this city, she was again attacked with alarming flooding, and prostration from the previous hæmorrhage. The fourth physician who treated this case was now called, and prescribed cold and morphine; this having only a temporary effect, on the following morning, Nov. 9th, I saw the patient, and, from the history given, suspected retained placenta, a suspicion which was

confirmed on examination. About one-half of the placenta, in eight fragments, was, at this time, removed, and after the use of ergot and the tampon for twelve hours, the remainder, with much pain and not a little shock to the patient, was taken away.

Rest, and the quieting effects of large and repeated doses of opium, restored the woman, save the anæmia, prostration and shattered health, from which she can never fully recover. After two months of wasting and vain effort of the natural powers to reduce the uterus to its normal size, the os was found rigid and nearly closed, and the placenta of a lively flesh color, apparently in progress of growth, and firmly adhered, all of which conditions rendered its removal difficult, if not dangerous.

A few months since, I was called, in connection with Dr. T. D. Fitch, of this city, to another case of this class, and found the woman moribund from metro-peritonitis, the consequence of retained placenta, as in the other case detailed. A noticeable feature of the case of Mrs. C. is that, after the expulsion of the fœtus, on Sept. 17th, entire freedom from pains was experienced until the evening of Nov. 9th; during all this time, she had suffered alarming hæmorrhages, beguiling her physicians as to the true condition of things, they not having made a physical examination of the parts. We would not speak of this as being singular, for absence of pains is very common in these cases.

The above may be regarded as representative cases of this whole class, both in history and results, and we venture the assertion that nearly all the deaths and broken-down systems from abortion occur from retained placenta of abortions of this middle period.

We conclude then, that, in the first and third periods, no especial skill is called for, generally; but in the second period—from the third to the fourth month—too much attention, care and skill cannot be expended.

To recapitulate, if retained placenta is the rule here, and the negative signs and symptoms are misleading; if, moreover, peril in delay be imminent, what is the duty of the physician? Plainly to empty the womb of its contents at once (or after a few hours' use of ergot), whilst the uterus is in its normal soundness and physiological activity, and the system in health and in blood. The woman, inspired by the tonic effect of relief at hand, exercises remarkable fortitude and effort. Whereas, in the delay, she finds herself exhausted in body, and depressed in spirits; she has neither fortitude to endure the trial, nor physical soundness to escape the dire results of any method, now practicable, to relieve her of this offending and death-dealing foreign body.

Called, then, to any case of abortion or miscarriage, the fœtus expelled, and the after-birth remaining, the physician, uninfluenced by any statement of the patient or attendants as to its conclusion, should make a vaginal examination, and if the placenta is found, it should be removed, without unnecessary delay, in the following manner:—Place the woman on her left side, knees well drawn up; and, with left hand on the bowels, press the uterus firmly down into the pelvis, and hold it there, while, with the index finger of the right hand, the whole placental mass is separated and removed. Should the elevated position of the uterus render it necessary, the hand, well lubricated,

may be introduced into the vagina for the purpose. Any pain or shock caused by this procedure will disappear after sufficient rest, and liberal doses of laudanum. .

Nearly thirty years of practice and observation have taught me the prime necessity of delivering the placenta in this class of cases without delay, not leaving its removal to an uncertain future, and to the powers of nature, as taught by some medical writers. It is difficult to conceive of a complication of affairs in which one should feel justified in delaying such removal beyond the space of a few hours from the birth of the fœtus. For whatever objections there might be to this early delivery would be very much increased by the delay.

Progress in Medicine.

REPORT ON THERAPEUTICS.

By R. T. EDDES, M.D.

Quinia and other Cinchona Alkaloids.—M. Bochefontaine (*Archives de Physiologie*, Nov., 1873, p. 724) has continued the researches described in the last report, which were principally directed toward determining the accuracy of the facts stated by Prof. Binz and others as to the action of quinine upon the activity of bacteria, vibrios, and the white blood corpuscles. It is to be noticed that where Binz supposes a destruction of activity, or a paralysis of these organisms, Bochefontaine speaks as if he had a right to expect the destruction of the bacteria themselves. He has experimented upon frogs, which were rendered *bacteriemic* by the injection of cyclamine, to determine whether the bacteria were killed by the subsequent injection of hydrochlorate of quinia or their development prevented by its previous exhibition. Although M. Bochefontaine himself sums up his results differently, it would seem, from the detailed account of the experiments, that the quinia was not so inefficient as he represents, and that it did exert some influence in the direction indicated by Prof. Binz. The truth, however, can only be arrived at by further experiments, and not by criticism of printed accounts.

Dr. Baxter (*Practitioner*, 1873) has been testing the relative vigor of the action exerted upon the movements of bacteria, albuminous fermentation and the movements of the white corpuscles, by quinia, the other cinchona alkaloids, and some drugs which have been proposed as substitutes therefor. Quinia is doubtless excelled by other antiseptics, but by none which can be introduced into the system in equal doses. In practicable doses, it exerts an inhibitory and not a toxic action on microzymes.

The four cinchona alkaloids are nearly equal in antiseptic power. Quinia is equalled by quinidia; then comes cinchonidia and then cinchonia. This corresponds to their anti-periodic powers.

Among reputed anti-periodics, sulphate of bebeeria seems to equal quinia in antiseptic power. (This is one of the alkaloids of the "green-heart," a tree growing in British Guiana, used in ship-building.)

Among reputed antiseptics, sulphocarbolate of sodium and strychnia have a decided value, though below that of quinia.

Sulphite of sodium is a feeble, though decided, antiseptic; the hyposulphite has little or no power. Berberina (a bitter alkaloid found in the barberry, in hydrastis, in columbo, in gold thread and many other vegetables) and æsculin are hardly, if at all, antiseptic.

Picrate of potassium is almost, if not quite, equal to quinia. It is doubtful if it can be administered in sufficient doses. (It has been used in doses of one or two grains in the treatment of intermittent, with alleged success.)

Picrate of potassium exerts a comparatively feeble influence over the spontaneous movements of the colorless corpuscles.

It is interesting to note, in connection with the statements as to the efficacy of the cinchona alkaloids, that the large manufacturers of quinia in this country are making an effort to introduce into medical practice the other alkaloids, which have, heretofore, been comparatively valueless in their hands. It is to be hoped, for economical reasons, that their attempt may be favored by physicians, since a material reduction of price could then take place in quinia, which now, on account of the disuse of the other alkaloids, has to bear nearly the whole expense of the bark and processes of manufacture.

Dr. Allbutt (*Practitioner*, January, 1874) contributes a valuable paper on the antipyretic action of quinia, based on clinical observation. He says that he "cannot regard quinine as an indirect antipyretic by virtue of any power as a direct antiseptic." He does not state any new fact or introduce any novel views, but his paper may be read with advantage by those who are in a hurry to apply to practice, without careful clinical study, the results of physiological experiment, and are prone to neglect the maxim, more important now, perhaps, than ever before in medicine, "*festina lente*."

Eucalyptus.—Binz (*Centralblatt*, 1873, p. 573) has determined that eucalyptol (the fragrant æthereal oil of *eucalyptus globulus*) possesses some power in checking putrefaction and fermentation, diminishes the irritability of the spinal cord, and appears to reduce the temperature. It produces no disturbance of the appetite, sleep, or urinary excretion. A portion of the eucalyptol seems to pass unabsorbed from the bowels, a portion to be excreted by the kidneys and lungs, and another portion to be oxidized in the system. It does not possess the peculiar action of quinia upon the protoplasm of the white blood corpuscles, or of vegetable cells, and does not prevent the transmission of ozone by the coloring matter of the blood. It seems to have acted as an antipyretic in some cases of traumatic fever and articular rheumatism. Dr. Burdel, a physician practising in the Sologne, the most malarious region of France, has used the powdered leaves, tincture, extract and "essence" (oil) of *eucalyptus* in the treatment of intermittent, and concludes that it can in no way rival quinia, or act as its substitute. Of one hundred and twenty-three patients, of whom about half were affected with the quotidian, the others with the tertian and quartan types, eleven were cured without relapse, twenty-two for five days, thirty-three for nine days, while in fifty-seven the treatment was without result. Of the eleven complete cures, eight were performed during a residence in the hospital, which Dr. Burdel (*Centralblatt*, 1873, p. 688) has observed is sometimes in itself sufficient to stop the attack. If anti-malarial drugs are to be correctly valued, they must be tried on patients in the infected region, surrounded by all its

influences; and under these circumstances quinia alone is of unquestioned value. Next to it in value, of all antiperiodic agents, comes alcohol.

Dr. Effinger (*Blätter für Heilwissenschaft*, No. 14, 1873, and *British Medical Journal*, Jan. 3, 1874) accounts for the discrepancy in the results of different observers with eucalyptus, by stating that there are two kinds, which he names, respectively, *eucalyptus globulus latifolius* and *eucalyptus globulus longifolius*. The former he found to have little or no effect; the latter scarcely ever failed. A much smaller dose of the fresh leaves is required than of the dry. [This might be expected, since the active principle is a volatile oil. Are the discrepancies in observations any greater than occur with most new remedies?]

A new alkaloid, ditain, is said to have been successfully used as a substitute for quinia. (See *JOURNAL*, No. 1, 1874, p. 16.)

Bromides.—Prof. Binz, in the *Practitioner* of January, 1874, makes a vigorous onslaught upon the inaccuracy and insufficiency of many of the observations which have been published relative to these salts, which is answered by Dr. Anstie, in the same number, defending the use of the bromide of potassium, chiefly on clinical grounds. The most important points to be deduced from the comparison of the two papers are as follows:—

The value of sodium, ammonium, calcium and magnesium bromides, and bromine itself, has not been shown to be equal to that of the potassium salt, but the contrary. It is probable that chloride of potassium may have the same action as the bromide. This point wants further evidence, especially clinical. Sufficient weight has not usually been laid upon the constitution of the drug most frequently used as a *potassium* salt, nor upon its effect, as a potassium salt, upon the heart.

The "contraction of arterioles" theory is decidedly *unproven*. The action of the bromide is not to be compared to that of the iodide, which is a much less stable salt in the organism.

On the other hand, the statistics of epilepsy treated by bromide of potassium are too large and too various to be put in the same category with homœopathic cures of croup with spongia, or insomnia with calcaria. Less extensive observations also speak strongly in favor of the mild hypnotic and anti-reflex action of the bromide, which is certainly not obtained from *all* other potassa salts. As to the chloride, the experiments are yet to be tried. If it equals the bromide, we shall have the advantage of a cheaper and more agreeable drug.

Dr. Binz says nothing as to the bromide of lithium, and does not allude to Dr. Weir Mitchell's observations thereon. Dr. Anstie, however, accords to them their just importance. Thus it would appear that lithium may replace the potassium without loss of effect, and, *perhaps*, chlorine the bromine.

(To be concluded.)

NEW FLOATING BATH FOR LONDON.—The project which has been on foot for many years to furnish the great metropolis with baths similar to those which are so popular in Paris, seems destined at last to be put upon a practical and definite footing. A company has been started, with Admiral Elliot as chairman, and a capital of £50,000, which, if carried out with spirit, cannot fail to be a success, both in a hygienic and a pecuniary point of view. —*Medical News*.

Bibliographical Notices.

A Universal Formulary, containing the Methods of Preparing and Administering Official and Other Medicines. By R. EGLESFELD GRIFFITH, M.D. Third Edition, carefully revised and much enlarged, by JOHN M. MAISCH, Phar.D., Professor of Materia Medica and Botany in the Philadelphia College of Pharmacy. Philadelphia: Henry C. Lea. 1874.

THIS well-known work, of which the present edition is issued under the supervision of Prof. Maisch, seems correctly and fully to represent the present state of pharmacy. In it we find not only the official formulæ for official drugs, but a very large number of others which are now, or have been, in use for dispensing both the ordinarily used drugs, and many others of reputation in domestic, empiric or fanciful practice. Its fulness may be estimated by the presence of sixty-five recipes under the head of aloes, and one hundred and thirty-six under opium, which do not include fifty-two under morphia.

Formulæ are given for the manufacture of the various elixirs, syrups, &c., so popular at present, thus affording to the apothecary and physician an easy method of avoiding those widely advertised proprietary preparations which do so much to injure scientific and honest pharmacy, and postpone a correct popular appreciation of the resources, as well as the limits, of drug-therapeutics.

Full justice seems to be done to the many real improvements in pharmacy, and the physician may look, with confidence of success, for means for making almost any practicable or useful combination of medicines which he may think the peculiarities of the particular case demand.

Besides these formulæ, which constitute the bulk of the work, we have recipes for anatomical injections, boot blacking, ink, varnish and dietetic preparations, as well as remarks on the management of the sick room, external remedies and the usual index of diseases.

To the presence of this latter there is, perhaps, no solid objection, since it is to be looked upon merely as a suggestion or reminder, but it always seems to us that the constant use of such tables in hand-books, both of pharmacy and therapeutics (vide Stillé and Ringer), cannot help perpetuating, in some minds, a confused notion of a necessary and intimate connection between efficient therapeutics and the administration of some drug. They impart, besides, a most unpleasant resemblance to domestic homœopathic literature.

The general index, without which half the value of such a work is lost, appears essentially complete, and the whole work forms a most useful and reliable book of reference for the physician and pharmacist.

Transactions of the American Otological Society. Sixth Annual Meeting, Newport, R. I., July 16, 1873.

Report on the Progress of Otology. By C. H. BURNETT, M.D. Read before the American Otological Society, at the Annual Meeting, July 16, 1873.

THE transactions of the American Otological Society are among the best and most valuable of the annual professional publications. The present volume sustains the high position that the previous ones have obtained. The report on the progress of otology, by Dr. Burnett, is the first paper in the transactions. Many publications on the structure and on the diseases of the ear have appeared during the past year; Rüdinger has written an account of the structure of the labyrinth, and Waldeyer one of the cochlea and acoustic nerve; works of special features of disease have also appeared, as, for instance, a treatise on "Tinnitus Aurium," and on "Progressive Hardness of Hearing." Politzer's magnificent plates, illustrative of the anatomy of the

organ of hearing, are to be mentioned; each plate is about two and a half feet long by one foot and a half high, and magnifies the various parts of the organs of hearing in this proportion. The methods of investigating, examining and treating the structures composing the auditory organs have been multiplied by many workers. Voltolini has invented a pneumatic aural speculum; De Rossi, of Rome, a binocular otoscope; Trautman has investigated the physics of the concave mirror; "ear cough" has been investigated by Dr. C. B. Fox, of Scarborough, England, who has found this cough to be excited by an irritation of the meatus auditorius externus in certain individuals.

Several articles have appeared on tenotomy of the tensor tympani muscle. The importance of promptly trephining the mastoid process, in accumulation of pus in this bone, is illustrated by several cases and extracts from papers. Interesting cases of ear disease, by Drs. A. H. Buck and Charles J. Kipp, are given. There is a very valuable paper, by Dr. J. Orne Green, "On the Method of performing Tenotomy of the Tensor Tympani Muscle." A paper on the value of this operation, by Dr. R. M. Bertiolet, follows, very naturally, the one just mentioned. Among the other papers, is one on the reaction of the auditory nerve under the galvanic current, by Dr. Clarence J. Blake. The transactions and the report on otology are very beautifully printed on excellent paper, and are a credit in every way to the American Otological Society.

Eighteenth Annual Report of the Trustees of the State Lunatic Asylum at Northampton. Boston. 1874. Pp. 66.

THE Northampton Asylum continues under the charge of Pliny Earle, M.D., than whom few have devoted themselves more assiduously to the study of aberrant forms of mental action. His report is worthy of an attentive perusal, not only from the insight it gives us into the working of the institution during the past year, but also, because it contains his views upon questions which, before long, are likely to command the attention of our legislators, and which already urgently demand a practical solution. Dr. Earle laments the want of an institution, intermediate in its character between an asylum and a prison, for the confinement of criminal lunatics, or, as they are termed in newspaper parlance, persons of modified responsibility. The moral delinquencies of these individuals should certainly be palliated, or extenuated, by reason of their mental derangement; but, on the other hand, consideration for the safety of society renders it essential that they should be restrained in the future from putting life or property in danger.

There has existed, of late years, a large amount of crime, connected with a weak rather than an unsound mind, committed by persons respectably connected, who had previously sustained a good moral character, but who, having, as it is termed, "an over-mastering organization," were weak in self-control, and thus yielded to temptation. For this class of offenders, there naturally exists a strong public sympathy, which is often shared by those whose duty it should be to bring them to trial. As a result of this sympathy, the law-officers, rather than condemn these individuals to the society of hardened felons, suffer them to escape entirely from all punishment. It occurred to us, in reading the plea of Dr. Earle, that, if it is demanded by public opinion that mercy be shown to these delinquents, as well as to the legally insane, they too might be consigned to this proposed institution, the term of their confinement being proportionate to the degree of their offence.

The opinion is also expressed by Dr. Earle, that our State institutions would be more complete if there were a separate asylum for epileptics, a class which is characterized by more peculiarities than any other of the insane, requiring special treatment, and even special furniture for their rooms. They prove, moreover, a great source of annoyance, excitement and alarm to the other patients. A calculation is made to show that, if the construction of a hospital capable of receiving two hundred and fifty patients were at once undertaken, by the time it was completed the number of available patients in the State would be sufficient to fill it.

Treatise on Diseases of the Eye. By DR. CARL STELLWAG (VON CARION), Professor of Ophthalmology in the Imperial Royal Hospital of Vienna. Translated from the Fourth German Edition and edited by D. B. ST. JOHN ROOSA, M.D., CHAS. S. BULL, M.D., and CHAS. E. HACKLEY, M.D. Fourth Revised and Enlarged Edition. New York: Wm. Wood & Co. 1873. Pp. 915.

WE congratulate the translators of Stellwag that the book has been received with such favor as to authorize the issue of a fourth edition within so few years. Considering the size of the book and the fact that it treats only of a special subject, this could only have been possible in case it possessed exceptional merit, as it undoubtedly does. The rapid sale it has met with testifies also to the fact of the increasing interest felt in the general profession in the study of diseases of the eye.

The present edition has been enlarged by nearly one hundred and fifty pages, and very considerable portions have been re-written. In almost every chapter, additions have been made to bring the work up to the present state of our knowledge.

The numerous references to authors on every page make it invaluable for any one desiring to read up a particular subject, and in this respect it has no rival. Another advantage it possesses over all other treatises in English and most of those in other languages, is the anatomical description given of the different parts of the eye. While, however, the very fulness with which the literature has been considered adds much to the book, it detracts at the same time occasionally from the connectedness of the style, and, frequently necessitating much condensation, renders it by no means always easy reading.

The additions by the American Editors are well chosen, and their appendix on the methods of use of the ophthalmoscope, particularly the account of the upright method, which Loring's adaptation of the instrument has done so much to make of practical use, is specially valuable. Dr. Bull's name appears for the first time in this edition as one of the translators, and we believe we are correct in giving him the credit for the greater portion of the work which the translation of this enlarged and revised edition required.

The print is the same as in former editions; the paper is somewhat thinner, so that, although the number of pages is greatly increased, the size of the volume remains about the same.

O. F. W.

The Second Annual Report of the State Board of Health of Minnesota. 1873.

THIS is a pamphlet of nearly a hundred pages. The subjects treated of are Inebriate Asylums, Typhoid Fever, The Influence of the Climate of the State upon Diseases of the Lungs and Air-Passages, Inspection of Public Institutions, and the Health of Towns.

The third subject alluded to is one in which the profession and the public of other States are about as much interested as those are who live upon the spot. As the Committee say, "the attention of the country for many years has been directed to Minnesota, because of the reputed healthfulness of its climate. Questions have arisen as to how far this reputation is merited, and as to what climatic conditions and influences this comparative healthfulness is due." It is the received idea with people on the seaboard, that going to Minnesota is, for consumption, going from death to life. Rev. Mr. Patterson, a member of this committee, publishes some valuable remarks upon the subject. He says that the beneficial influence of Minnesota has been felt more largely and permanently by those who have been suffering from pulmonary hæmorrhage, but that it is very doubtful if bronchial troubles are not aggravated. The same opinion was expressed to the writer of this notice by Dr. D. W. Hand, of St. Paul, the President of the Board. The remarks close with a couple of important statements, which, if true, are worth bearing in mind. First, if health is restored, the payment therefor is permanent residence. A return to the eastern climate is almost certain to prove fatal. We believe our own professional experience has shown this. The second is a matter which every invalid should know, that he should warm the air by breathing through the nostrils and keeping the mouth shut.

C. E. B.

Boston Medical and Surgical Journal.

BOSTON: THURSDAY, MARCH 19, 1874.

A RECENT number of the *London Medical Record* contains an abstract of a clinical lecture by Professor Skoda, on constipation, particularly that of pneumonia. The lecturer considers the physiological differences of habit in individuals, and concludes that these differences do not affect health. He states that fecal matters may sojourn for a long time in the intestinal canal without undergoing any modifications prejudicial to the organism, and that constipation does not in itself constitute a state very dangerous to the general health. This fact has hitherto been too much disregarded in practice, and much harm has been done by the untimely use of purgatives.

The gases which are developed in the intestinal canal are retained with the fecal matters. They are necessary for the evacuation of the feces, assisting this process by diminishing the friction of the fecal masses against the walls of the intestine. In cases where these gases are not present, the evacuations will take place with difficulty. In cases of prolonged constipation, there is usually but little gas present.

Besides gases, there must also be fluids present in the intestinal canal, in order that defecation may be easy. We should endeavor to introduce such fluids as are not immediately absorbed. Those fluids stay longest in the intestine which are obliged to unite with bases before absorption can take place. This transformation always requires a certain time, during which the fluids will act as irritants of the intestine, and facilitate evacuation. But these means are fruitless when constipation is prolonged. There is then a complete arrest of peristaltic movements of the intestine, and we must act differently. Skoda has employed, with the best results, quinine, friction on the abdominal walls with aromatic oils, and the energetic faradization of the abdomen. Hydrotherapia and warm baths are also very efficacious. Oppolzer employed cold compresses to the abdomen. Gymnastic measures also assist these means.

Since the retention or the increase of fecal matter in the intestinal canal exercises no morbid influence on the system, Skoda states that one cannot too strongly insist on the fact that it is absolutely useless to give a purgative in the course of pneumonia, when there is reason to desire that the patient should be left at rest. It is only when he becomes incommoded by the accumulation of gases and liquids tending to embarrass the respiration that we should seek to unload the intestine.

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When constipation has lasted several days without inflation of the belly being produced, it is absolutely useless to interfere, for it is a sign rather favorable for the normal condition of the malady. We do not diminish at all the intensity or duration of pneumonia by provoking intestinal flux; on the contrary, a new affection—intestinal catarrh—is created, which can but be prejudicial to the general condition, and augment the malaise. The old idea, that the respiration becomes less embarrassed in patients with pneumonia when diarrhœa supervenes, is a false one. When, in the conditions here pointed out, there is any indication for putting an end to constipation in pneumonia, clysters should be employed, and purgatives should, as much as possible, be withheld. The administration of a purgative gives rise in the majority of cases to a certain excitement of the patient, and he commonly finds himself far less well after the purgative than he was before it. Oppolzer has shown that this same state of things is true of the use of tartar emetic. By its exhibition, the condition of the patient is temporarily made worse, and it is only when the effect of the medicine has passed off that he experiences relief, the relief being due not to the action of the remedy but to the disappearance of the malaise, which the remedy had superadded to the primitive state of the patient.

From these considerations, the deduction is that in the great number of diseases we are to abstain from purgatives as long as they are not indicated in the clearest manner.

We publish to-day a letter from Dr. Charles Kidd, of London, who thinks that we have not done him justice in some editorial remarks we made on his paper on Chloroform and Ether in the *Edinburgh Medical Journal*.

It certainly was not our intention to treat the question otherwise than fairly, and we still cannot see that we have done so. The passage to which we particularly objected was the following: "The well-known seven deaths at Lyons, and forty-one of the Boston Committee, all from ether, are, from insufficient knowledge, forgotten or misrepresented." We thought that this passage gave an entirely wrong impression, and we have not yet had reason to think otherwise. We leave the matter to our readers without comment, merely regretting that Dr. Kidd had not adopted, either in his letter or in his paper in the *Edinburgh Journal*, that temperance of expression the imputed absence of which in others he so much deploras.

A SUCCESSFUL CASE OF ABDOMINAL SECTION FOR INTUSSUSCEPTION was reported by Mr. Hutchinson at a late meeting of the Royal Medical and Chirurgical Society. He appended to the report the following observations:—

1. That it is by no means very uncommon for intussusception to begin at the ilio-cæcal valve, and to progress to such a length that the invaginated part is within reach from the anal orifice, or even extruded.

2. That it is of great importance in all cases of suspected intussusception to examine carefully by the anus.

3. That in almost all cases of intussusception in children, and probably in most of those in adults, the diagnosis may be made certain by handling the invaginated part through the abdominal wall.

4. That the prognosis of cases of intussusception varies much; first, in ratio with the age of the patient, and, secondly, with the tightness of the constriction.

5. That in a large proportion of the cases in which children under one year are the patients, death must be expected within from one to four or six days from the commencement.

6. That in the fatal cases death is usually caused by shock, or by collapse from irritation, and not by peritonitis.

7. That in many cases it is easy, by estimating the severity of the symptoms (vomiting, constipation, &c.), to form an opinion as to whether the intestine is strangulated or simply irreducible.

8. That in cases of strangulated intussusception, whilst there is great risk of speedy death, there is, also, some hope that gangrene may be produced, and spontaneous cure result.

9. That in cases in which the intussuscepted part is incarcerated and not strangulated, there is very little hope of the occurrence of gangrene, and it is probable that the patient will, after some weeks or months, die, worn out by irritation and pain.

10. That the chances of successful treatment, whether by the use of bougies, or by the injection of air or water, are exceedingly small, excepting in quite recent cases, and that if the surgeon does not succeed by them promptly, it is not likely that he will succeed at all.

11. That the cases best suited for operation are those which have persisted for some considerable time, and in which the intestine is only incarcerated; and that these cases are also precisely those least likely to be relieved by any other method.

12. That in the cases just referred to, after failure by injections, bougies, &c., an operation is to be strongly recommended.

13. That the records of *post-mortems* justify the belief that, in a considerable number of the cases referred to, the surgeon will encounter no material difficulty after opening the abdomen.

14. That the circumstances which might cause difficulty are—(1) the tightness of the impaction of the parts; (2) the existence of adhesions; and (3) the presence of gangrene.

15. That, in selecting cases suitable for operation, the surgeon should be guided by the severity of the symptoms to an estimate of the tightness of the strangulation, and as to the probability of gangrene already set in.

16. That, in cases in which the patient's symptoms are very severe, or the stage greatly advanced, it may be wiser to decline the operation, and trust in the use of opiates.

17. That the operation is best performed by an incision in the median line below the umbilicus.

18. That, in cases of intussusception in young infants (under one year of age), the prognosis is very desperate, scarcely any recovering, excepting the few in whom injection treatment is immediately successful, whilst a large majority die very quickly.

19. That the fact just mentioned may be held to justify, in the case of young infants, very early resort to the operation.

20. That it is very desirable that all who, in the future, have the opportunity for *post-mortem* examination of intussusception cases should give special attention to the question as to whether an operation would have been practicable, and should record their results.—*The Doctor.*

MANUAL COMPRESSION OF THE UTERUS.—This manipulation was first suggested by Crédé to expel the placenta, and then employed by Kristeller to aid the expulsive action of the uterus during labor. Travelers have reported the custom as long common among uncivilized nations, such as the Javanese. Dr. Lehmann reports two cases (*Schmidt's Jahrbücher*, 159, 7, 1873) in which the progress of the parturition was arrested by the absence of uterine contractions. Firm pressure was applied to the abdomen from above downwards for thirty seconds, and repeated at intervals of two or three minutes, with the effect of completing the delivery after three or four repetitions of the procedure. The placenta were expelled immediately after, and the uterus contracted normally. In atony of the uterus, this treatment would seem to be very efficacious.

THE TWIN MONSTER OF AFRICAN DESCENT, called Millie-Christine, recently received a visit, in Paris, from Professors Tardieu and Robin, in the interests of anatomical science. Though provided with a written order from the Prefect of Police, the gentlemen succeeded only partially in accomplishing the object of their call, inasmuch as the "nightingale" declined to submit to examination below the waist. The visitors determined the existence of two hearts, whose beats were not isochronous. Prof. Tardieu facetiously stated to the Academy of Medicine that he had demonstrated two wills also; for while in response to his request, one of the intellects consented to an examination of the pelvic parts, the other intellect stoutly protested against it, with expressions of anger. The attendant of the twins said that the bond of union was at the sacrum, and that there was a single anus and one vulva.

It is stated in the newspapers that a French railway company has entered a suit against the twins for attempting to evade the payment of fare by purchasing only one ticket instead of two for transportation. In this instance, Prof. Tardieu would not be able to prove the existence of two volitions with the same facility as in the first case, for both intellects would probably think alike with regard to the number of seats to be paid for; and the company itself will find in the result of the suit another illustration of the adage that "two heads are better than one," in such delicate matters.

WAS THE PLAGUE CONTAGIOUS?—"In this parish of Michell's, Cornhill, one of the middlemost parishes, and a great one of the town, there hath, notwithstanding this sickness, been buried of any disease, man, woman, or child, not one for thirteen months last past. And the like, in a good degree, in most other parishes, I hear, saying only of the plague in them."—*Pepys's Diary*, 1667.

The Hospitals.

MASSACHUSETTS GENERAL HOSPITAL.

(Wednesday and Saturday, March 4 and 7, 1874.)

OPERATIONS were performed in the following cases:—Hare-lip, Fistula in Ano, Traumatic Talipes Equinus, Necrosis.

Hare-lip—double, with cleft palate, in a child three weeks old. One side, only, operated on; the central intermaxillary portion of the lip being interfered with to the least possible extent, that its size might be preserved; and the attachment to the bone being left intact, that it should, at a subsequent operation, offer a firmer and broader hold to the lip of the remaining fissure.

Fistula in Ano—in a middle-aged man. Laid open by Dr. Clark.

Traumatic Talipes Equinus—in a young man, following an extensive lacerated wound of the calf of the leg, with loss of a portion of the gastrocnemius. The accident happened fourteen years ago; since then, the calf had become shrunken, and the heel drawn up, from muscular atrophy and contraction. Superficial ulceration of an extensive cicatrix, occupying the middle of the leg, was a constant source of irritation, aggravated and continually added to by walking and the flexion of the foot in standing. A plastic operation was not practicable. The tendo Achillis was divided subcutaneously, to diminish the tension which was provoked by its contracted condition.

Necrosis—of tibia in a young man, caused by the kick of a horse some years since. Following a custom long practised in the Hospital, the limb was tightly bandaged from the ankle to the middle of the thigh, and a strap tourniquet applied. The operation, consisting of the removal of loose sequestra, was performed with the loss of a few drops of blood from the bony cavity, and was facilitated by the bloodless condition of the soft parts.

H. H. A. BEACH.

BOSTON CITY HOSPITAL.

THE surgical operations last Friday, March 13th, were as follows:—

A case of Hypospadias was operated on by Dr. Cheever. The patient was a Jew child, of five years; the circumcision to which he had been submitted in infancy permitted a good inspection of the parts. The abnormal orifice into the urethra was just behind the corona glandis and involved the frænum; it admitted a probe. The normal opening of the urethra admitted a small catheter, but most of the urine usually passed by the inferior orifice.

Dr. Cheever remarked that operations for hypospadias were only exceptionally successful, but he proposed to make an experimental trial in the present case. He accordingly refreshed the edges of the orifice, and made lateral incisions obliquely backward. The edges of the wound were apposed by silk sutures and a catheter was fastened in the bladder.

Dr. Wadsworth performed Iridectomy in the case of an adult patient in whom conjunctivitis and consecutive ulcer of the cornea had resulted in anterior adhesions of the iris, but without loss of sensation to light. The case illustrated the effects of treating conjunctivitis with poultices.

Dr. Cheever presented a case of extensive sinuses of the Thigh and Buttock, the result of a neglected abscess. The patient was an adult. The sinuses opened at the outer side of the thigh in the middle third and extended upward across the nates, beneath the fascia, nearly to the sacrum. Free incisions were made.

An Ingrowing Toe-nail was removed by evulsion, and the affected side of the toe was cut away freely. Dr. Cheever remarked that this combination of methods was surely radical.

Other operations were the incision of an Ischio-Rectal Abscess, and the refreshing and re-apposition of the flaps in the stump of an amputated arm, to promote healing.

On Tuesday, March 10th, Dr. Cheever operated on a lad of fifteen years

for Congenital Phimosis. The preputial orifice was very small and micturition was painful. The outer skin was marked round with a sharp scalpel, care being taken to avoid the frenum. The mucous membrane was then slit up and trimmed with scissors, to match the skin, to which it was united by fine silk sutures. Dr. Cheever narrated the details of a death from circumcision. The infant was a Hebrew, eight days old. The operation was performed by a Rabbi, who had circumcised many hundred infants. The child had a hæmorrhagic diathesis, and bled slowly for two days, until it died. All means to check the hæmorrhage were ineffectual. The blood looked like a pink serum, and it scarcely coagulated.

Dr. Cheever also operated on an Acquired Phimosis, in an adult, the result of preputial chancre. The ulcer was still open. The glands in the groin were indurated. The body was covered with syphilitic roseola. The foreskin was slit up, and the edges stitched together. After the ulcer had healed, the indurated cicatrices were to be trimmed off.

On Wednesday, March 11th, Dr. Cheever Amputated the Thigh of the patient with compound fracture of the tibia involving the knee-joint, whose case was reported in the last number of the JOURNAL (page 271). During the week after the injury, it became evident that attempts to save the limb would be fraught with great peril to the patient's life, suppuration in the joint having developed. The operation was by transfixion. On opening the knee, it was found filled with pus.

Dr. Cheever also Amputated the Leg of a fireman, whose foot had been crushed by the wheel of a steam fire-engine. The laceration of the soft parts of the foot was too extensive to permit the obtaining of flaps below the lower third of the leg.

The patient with a Pistol-Shot Wound of the Knee, in whom the joint was laid open on February 20th (see JOURNAL, Feb. 26th), recently died. Vomiting, delirium, delusions, tremor (the patient having been in the habit of stimulating), were followed by typhoid stupor, sordes, a pulse of 150, chills, rapid respiration, suppuration in the ear, and death on the seventeenth day.

The autopsy revealed metastatic abscesses in the lungs, and pus in the middle chamber of the ear. The knee-joint was disorganized; the cartilages were eroded, and the cellular tissue was burrowed into by pus. The ball was found in the popliteal space, having notched the condyle of the femur, and traversed the joint.

The slight primary injury of the articulation, and the fact, ascertained by passing the finger through the counter-opening into the joint, that the articulation did not contain the ball, any foreign body, or shattered bone, had induced the attempt to save the limb by free incisions, rest, syringing and drainage. Amputation was clearly indicated after the first week, but the patient was never in a condition to survive it.

The case of Compound Fracture of the Patella, reported in the JOURNAL of December 25th, and alluded to in the number for February 26th, as convalescing, terminated fatally the second week in March. Abscesses continued to burrow up the thigh and into the calf. Free openings were made from time to time. The patient steadily declined, large bed-sores forming over the sacrum, and great emaciation ensuing. He finally died of exhaustion, with the knee-joint still open and suppurating. No autopsy was allowed.

F. W. DRAPER.

Correspondence.

THE AUTOPSY OF THE SIAMESE TWINS.

(From our regular correspondent.)

PHILADELPHIA, March 1, 1874.

THE autopsy of the Siamese Twins, anticipated and desired by medical men for the last twenty-five years, simply because of the hidden mysteries of the band of flesh, is now an accomplished fact. Living, the twins exhibit-

ed themselves for nothing, or a mere pittance. Dead, they are brought with awful secrecy to the *sanctum sanctorum* of the medical men of Philadelphia, and there exposed, in all their hideous unattractiveness, to the view of only the privileged. The band, unique in its marketable value, which has so long supplied the twins with coupons, and which has excited the cupidity of many an inquisitive surgeon and anatomist, is destined never to be divided. In allowing the Philadelphia Medical Committee to bring the remains of the twins to this city, the widows of the monstrosity strictly stipulated that the band should not be cut. (Visions of more coupons! Disgusting!)

Immediately upon receiving intelligence of the death of the twins, Dr. Wm. H. Pancoast engaged himself actively in an attempt to procure permission to make a *post-mortem* examination of the bodies of the twins. To this end, a despatch containing the necessary query was sent to the Mayor of Greensboro', N. C., in the vicinity of which place the twins had been living. The Mayor replied that the matter was out of his jurisdiction. Meanwhile, Dr. Hollingsworth, latterly physician to the twins, already on his way North, reached Greensboro', saw and read the telegram. Upon reaching Philadelphia, he met Dr. Pancoast and others in conference. A letter was then written to the widows of the coveted curiosity, proposing embalment and examination of the bodies by Dr. Pancoast. Later, because of its general interest, it was deemed advisable to make the matter a concerted affair. A hasty meeting of physicians, sparsely attended, requested Drs. Pancoast and Allen to go to North Carolina and embalm the bodies. Thus the original arrangement, although nominally emanating from the College of Physicians, had no sanction from that body. The college is, therefore, free from all responsibility concerning the preliminary movements of the commission.

After a delay of some days, Drs. Pancoast and Allen went to Mt. Airy (the place of residence of the twins), in company with Dr. Hollingsworth, taking a photographer along with them. They met the widows and their legal adviser. The result of the conference was that the Commission, in consideration of their agreement to embalm the bodies, received permission to examine the structure of the twins, but on condition that the sacred ligament should not be defaced by any incision whatever. The Commission, however, finally obtained the consent of the widows to a limited dissection of the posterior surface of the band. The above agreement, to which was added permission to remove the bodies to Philadelphia, was written and signed. The bodies were then taken from their coffin, which was enclosed in a soldered box of tin, this again in a stout box of wood, covered with planks, under a hillock of pulverized charcoal, the whole in a shallow grave, dug in the cellar of Eng's house—a multitudinous attempt at preservation, which proved successful, since the bodies were found in a well-preserved condition, although they had already been fifteen days dead. The bodies having been reduced to nudity, were held in an erect position and photographed, but unsatisfactorily, because of absence of sunshine.

Superficial examination of the bodies revealed nothing of note, save that "on the pubes of each subject the hair of the *left side* was *grey*, that of the *right side*, *black*." The bodies were then embalmed by the injection of a solution of chloride of zinc, the aorta of each individual being, as usual, the chosen point of access to the arterial system. The aortæ were found atheromatous, hence the left primitive iliacs were used instead. After embalment, the primary incisions were extended to the band, which was then found to be anatomically complicated. The Commission, therefore, decided to defer a more intimate examination of the ligament until after removal of the bodies to Philadelphia. Arriving in Philadelphia, the remains were placed in the Mütter Museum of the College of Physicians, and were carefully locked in and guarded.

The College met, and, after a somewhat prolonged discussion, accepted the course of the Fellows who had thus far been engaged in the matter, agreed to defray the costs of the trip, and appointed a Committee, consisting of the Mütter Museum Committee and the original Commission. At the expiration of a week, a special meeting of the College of Physicians was held

in the hall of the College, for the purpose of listening to the report of the Committee. Meanwhile, during the previous week, the examination of the bodies had been extended into detail, and photographs and casts of the dead twins had been taken.

The cadaver of the twins being exposed to the view of the college, Drs. Pancoast and Allen began their report. Dr. Pancoast spoke, principally, in relation to the surgical aspect of the subject under consideration. Dr. Allen confined himself to the demonstration of the anatomical peculiarities of the twins.

The substance of Dr. Pancoast's remarks was as follows:—The duplex, symmetrical monstrosity presents a mutual attachment at the xiphoid cartilage and navel; it belongs to the third order of the class *anacatadidyma* (*terato-anacatadidyma*), and may be termed an *omphaloxiphodidymus*. The point of interest in the *post mortem* is the band of union between the twins. The band is four inches long, eight inches in circumference.

"In regard to the position of the hearts," said Dr. Pancoast, "we think they present toward each other, but we have not yet opened the thorax. The livers, as we have found, approximate each other, pushing through respective peritoneal openings into the band. My colleague and myself, one placing a hand in the peritoneal cavity of Chang, the other placing his hand in the corresponding cavity of Eng, and forcing our fingers into the band, find they meet each other in the median line of the lower portion of the band, but with layers of peritoneum between them, thus proving the independence of each peritoneal cavity. In turning up the flaps, consisting of the anterior walls of the abdomens, we see the hypogastric arteries running in each body upward into the band, where we lose them, but think they may pass through the umbilicus in the middle of the anterior surface of the band. We have not been able to determine as to the existence of the two umbilical veins, nor as to the structure of the umbilical cord, nor the character of the placenta. We find that the ensiform cartilage of each body is prolonged into, and united in, the centre of the band, but without a true joint. Motion in the band is due to the elasticity of the ensiform appendices. In regard to the vascular connection in the band, we have not perfected our study; but, in injecting colored plaster into the portal circulation of Chang, we have observed that it flowed through the vessels of the upper portion of the band into the portal vessels of Eng. The surgical anatomy, then, of the band comprises skin, fascia, two separate peritoneal pouches which meet in the centre, the large single pouch, the vascular connection, more or less perfect, between the portal circulations, and, finally, the vestiges of the hypogastric arteries in the lower portion of the band. Thus the main difficulty in any operation for severing the ligament would probably relate to the peritoneal processes and the portal circulation."

Dr. Pancoast further considered the possible result of such an operation during life, not hazarding any opinion of his own, but mentioning the effect produced upon the twins by the European experiments with the ligature, with which every one is familiar. The twins fainted, as you will remember. In closing his remarks, the gentleman alluded to some of the personal characteristics of the twins, to which, since I am forced into a digression, I may here fittingly add the following items from other sources:—Eng was the stronger physically; Chang, mentally. Chang was irritable; Eng, good-natured. In their appetites, they were analogous to Jack and Mrs. Spratt. Chang became hemiplegic; Eng remained healthy. Chang was a hard drinker; Eng comparatively temperate, and never feeling the debauches of his brother. If one had fever, his mate did not therefore sicken, and the respective pulses beat on, one twenty strokes, more or less, in advance of the other. A fair proof of independent circulation was thus afforded. Both were liable to so-called bilious attacks; but each twin suffered independently of the other, which is deemed singular in view of the close connection which existed between their livers.—(*Editor Medical Times.*)

The twins are called Siamese, but they were really Chinese, their father being a Chinaman and their mother the daughter of a Chinese father and a Siamese mother. This would make them about three quarters Chinese. During

the infancy of the twins, the ligament of union was so short as to keep them face to face, but it lengthened as they grew. Their mother recognized their separate individuality, and also discovered that common sensibility existed only in the centre of the band. On either side of the median line, touch was perceived only by the twin of that side. Their introduction into Europe and the Western Continent came about through a Scotch merchant, who saw the twins swimming in their native river; remarking the exact parallelism of their movements, he examined them, and discovering the surprising nature of their structure, immediately bethought himself of the benefit which might be derived from exhibiting the twins. After much diplomacy, he finally succeeded in gaining the consent of their parents to carry them to Europe.

This digression being terminated, we may return to Dr. Allen's demonstration of the minute anatomy of the twins, which I will give as synoptically as is possible:—The ensiform union of the twins, mentioned by Dr. Pancoast, is probably of the character of a synchondrosis, with a median bursa-like sac. Neither ensiform cartilage is ossified. *Three* pouches, two from the body of Chang, one from Eng's body, project into the bond of union, one above the other. The two lower pouches are peritoneal, and originate one in the body of each twin. They suggest that they have had intimate connection with the umbilical veins of the funis. The third and upper pouch is prolonged from Chang's abdomen, and, crossing the bond, reaches the peritoneal cavity of Eng, but is not continuous with it. Extending up into this pouch, is a process which suggested the possibility of a transit of hepatic vessels. A colored plaster-injection was accordingly thrown into a tributary of the portal vein of Chang. It was immediately observed that the fluid passed into the liver of Eng.

Dr. Allen's hypothesis that the bond of union, by which the injection passed, was the true hepatic tract, has since been verified by a more extended dissection, which showed that the tract was liver tissue uniting the two livers of the twins. For, when the livers were removed and placed upon the table, they formed one mass. It was further found that, from the body of Eng, there proceeded an hepatic pouch similar to that already described as being prolonged from the abdominal cavity of Chang. So that the bond of union contained four pouches instead of three, as well as true hepatic tissue. It ought to be explained that all the pouches were of nearly equal length, and that they found space in the bond of union by overlapping each other, just as do fingers of the right hand when they are slipped between the fingers of the left.

It was also found that Chang's heart inclined to the right side of his body; that Eng's heart inclined towards the left; hence, that the apices of the two organs did present towards each other, as had been supposed. Inversely, Chang's liver was normally situated, while Eng's was placed principally on the left of the median line of his body. Chang's half of the ligament is far less well nourished than is Eng's half. Chang, being an invalid, possessed less strength and less tissue than his brother. This distinction is clearly marked by the two halves of the band, thus furnishing another proof that there was not a very intimate connection of vessels between the two.

I cannot learn that any decided opinion exists as to what would have been the probable effects of dividing the ligament during life. Cutting the pouches would probably not have exposed the twins to greater hazards than those to which women are liable in the operation for ovariectomy or Cæsarean section. Whether the division of the hepatic bridge would have been fatal is a mooted question. If, however, immediately after Chang's death, a cool, practical surgeon had been at hand and had cut the ligament well toward the body of the dead twin, it seems possible, if not probable, that Eng might have been saved. For, previous to the effects upon Eng of the nervous shock caused by his brother's death and his embarrassing situation, before the undoubtedly bad results of such passage of blood to Eng from Chang's body as occurred by means of the hepatic circulation, Chang's body might have been considered a huge pediculated polyp, and might have been extirpated with safety to Eng. At any rate, I wish a surgeon might have made the experiment.

In regard to the cost of the *post mortem*, the College of Physicians has incurred merely the expenses of the commission to and from North Carolina, the costs of the plaster casts and photographs, and of the transfer of the bodies to Philadelphia. The entire amount expended will probably not exceed five hundred dollars. The widows of the twins considered themselves remunerated for their unselfishness by the embalming of the bodies of their husbands. The report that \$10,000 would be the cost of the autopsy was simply an *on dit*.

It is said that the remains of the twins will now be carried through the States on exhibition; that the loving widows are filled with a burning desire to make the twins profitable even after death; that, however, strenuous opposition to this delightful and savory plan has arisen on the part of an invalid daughter of one of the brothers. There may yet be opportunity in Boston to gaze upon the forbidding, shrivelled remnants of Chang and Eng.

UNGENANNT.

LETTER FROM DR. CHARLES KIDD, OF LONDON.

LONDON, February 10, 1874.

MESSRS. EDITORS.—In the JOURNAL of October 9th, I find you accuse me of an "inexcusable blunder" in referring to 41 deaths "inquired into" at Boston, &c.; now if the writer had taken the trouble to inform himself on the point, he would have seen that, many years ago, I made the exact distinction he does now, the blunder being in reality his and that of our *London Medical Record*, which eagerly grasps at any sensationalism to uphold ether and misrepresent me; the very foolish inquest held lately in America is a good commentary on this mean and miserable method of treating scientific questions. Dublin differs from Bigelow and Bigelow from Dublin; my friend Jonathan Hutchinson from S. G. W. No matter, in fact, how we bolster up ether and give dishonest, one-sided paragraphs, as in the *Record*, to say there have been no deaths from ether; no matter how we make it a party question like alcohol in disease, baby farming, or contagious diseases acts; no matter how we mislead the profession, still the natural facts remain "to plague the inventor" of the sensationalisms.

My views on ether are well known. I have always said it is in a small degree safer than chloroform (see *Rankin*, 1873). I examined with particular care this report of the Boston Committee. I asked in vain of the *Record* to have a reference made to it. As a fact, the late Dr. Murray really knew nothing at all about the matter, though placed as a high authority on ether and chloroform in that periodical. *Per varios casus*, through many difficulties, the honest men have had to contend with error, but it is a pity to find your excellent JOURNAL joining the mere wind-bags and sensationalizers.

I am, &c.,

CHARLES KIDD, M.D.

P. S.—Science, we may be assured, is not much advanced by suppression of facts, or pedantic journals that allow of no controversy except it be like the tower of Pisa, leaning to one side. In these differences of opinion, maintained by argument, as to the safety of ether, there has been in America a national, or shall we say gnome-like, facility of evading the hard facts and truth of the case, together with a ghoul-like pleasure in prejudice as to chloroform; there has been here a rude and not always brave treatment of the disputants: two voices, a forward one to speak well, and a backward one, to speak ill of those who do not agree with the errors of one or two specialists in Dublin and London.

I think Dr. Curtis's idea is about the worst of all, that, after we have produced this confusion of optimists and pessimists, as he styles it, we are to leave it to the public to settle it: in other words, coroners' juries and that section of the community which would abolish vaccination, or the public that loves every kind of advertised quackery. As well ask the public to settle the question of pyæmia, our other *bête noir* now in London journals, and for reasons not dissimilar; the truth will come in time, like our rehabilitated ministry after a new election.

Medical Miscellany.

SUBSCRIBERS will find a statement of their accounts enclosed in the JOURNAL for this week. Early remittances are requested, and receipts of payment will be acknowledged by change of date under the address printed on each number.

LOTION FOR FETID FEET.—The *Union Médicale*, January 27, recommends permanganate of potash, fifteen parts, distilled water, 1000 parts, for this complaint. The feet are to be washed twice a day with the lotion, and, having been carefully dried, are to be powdered either with potato-starch or lycopodium.

PECULIAR TWINS.—“Two women children, perfectly made, joined at the lower part of their bellies, and every part as perfect as two bodies, and only one payre of legs coming fort, on one side from the middle; where they were joined. It was alive twenty-four hours, and cried as all hopefull children do; but, being showed to too much people, was killed.”—*Pepys's Diary*, 1667.

AURAL VERTIGO.—At a recent meeting of the Surgical Society of Ireland, Mr. Swanzy narrated three typical cases of the affection referred to by Trousseau under the name of vertigo *ab aural laesâ*. The symptoms of vertigo in these cases were due, Mr. Swanzy thought, to irritation of the semi-circular canals, from increased pressure in the internal ear, produced by the displaced membrana tympani pushing the stapes inwards. The vertigo in these cases is relieved by the inflation of the middle ear, by which means the membrana tympani is mechanically restored to its normal position, and the intra-audicular pressure relieved.—*Irish Hospital Gazette*.

REMOVAL OF FIVE INCHES OF THE SCIATIC NERVE.—At the Roosevelt Hospital, a female patient was recently admitted on account of a tumor, which was situated in the posterior part of the left thigh. When cut down upon, the growth was found to be intimately connected with the sciatic nerve, and to such an extent as to preclude all possibility of its extirpation without completely removing a large portion of the nerve. Accordingly, about five inches of the nerve were removed. The patient was discharged from the hospital within three weeks, with but slight impairment of motion and sensation.—*New York Medical Record*.

THE LOCAL TREATMENT OF CAVITIES IN THE LUNGS.—The *Medical Times and Gazette*, Feb. 15, 1874, states that a novel method of treating pulmonary cavities in phthisis and dilatation of the bronchi was lately submitted by Professor Mosler, of Griefswald, to the notice of the members of the German Association, at their annual meeting at Wiesbaden. It consists in injecting certain drugs through the wall of the chest into superficial caverns, and leaving the canula in, so as to repeat the operation frequently at discretion. Mosler went even farther; he made an incision into the wall of the cavity, inserted a silver tube or elastic catheter, and succeeded in drawing away the secretion, and in disinfecting the pyogenic walls by means of a weak carbolic acid lotion. No difficulty was experienced in the operation, and the condition of the patient was improved; the cough became less troublesome, and the febrile symptoms apparently moderated.

Mosler's patient was still under treatment at the time of his communication, so that it was impossible to tell what the final result would be, and whether granulation and cicatrization would ensue. One point seemed settled, as far as it could be by experiments, and this was that the local treatment of pulmonary cavities is undoubtedly practicable, and that the lung is more tolerant of external interference than has generally been believed. At the same time, the risk of pneumo-thorax, hæmorrhage and pyæmia must not be forgotten.

AMYL COLLOID IN HERPES ZOSTER.—Dr. Morgan, of Litchfield, calls attention to the great efficacy of "amyl colloid" in removing the pain attendant upon shingles. Three or four coats of the colloid should be painted around the clusters of the eruption, as soon as the pain sets in, and continued twice daily as long as required. In severe cases, the addition of three or four grains of morphia to each drachm of the colloid will be found advantageous. It must not be applied over the eruption.—*British Medical Journal*, January 31, 1874.

MASS OF SCYBALA MISTAKEN FOR AN OVARIAN TUMOR.—Dr. John Hall Davis reports a case in which a mass of scybala, exceeding in bulk a child's head at mature delivery, and giving rise to menorrhagia, occupied the left iliac fossa, and had been mistaken by a physician for an ovarian tumor. Dr. Davis appears to have hit at once upon a correct diagnosis by simply pressing upon the tumor, and thus demonstrating that the surface of the mass retained the impression of the fingers.—*Obstetrical Journal*, January, 1874.

MEDICAL AND SURGICAL HISTORY OF THE WAR.—Of the 5,000 copies which were printed of the first part of this work, 1,000 were distributed to Senators, 2,000 to Representatives, and 1,868 copies were sent to be issued by the Surgeon General's Office. Concerning this distribution, the *New York Medical Record* pertinently remarks:—

"It can be seen from this statement what a small proportion of these volumes, so highly prized by the profession, have fallen to their share. With the Medical and Surgical History of the Rebellion, the interest manifested throughout the whole profession amounted to an enthusiasm worthy of a national work in the hands of the first medical investigators of the country. No work published in America has been more eagerly sought on account of its intrinsic value than this one, and every contributor, at least, rightly believed that he had a claim to a copy, and this belief was strengthened into a prospective certainty when it became known that the distribution was to be entrusted to the Surgeon General. In the figures before us, we have the best explanation why the supply has been so limited as to leave the vast majority of those entitled to the work without it.

"We should like to know what has become of the three thousand copies appropriated by the legislators, what were the measures adopted to secure their faithful distribution to such of their constituents as would value the books, and what proportion drifted into the hands of those who helped to make the work what it is by their valuable experiences upon the battle-field and in the general hospitals."

MORTALITY IN MASSACHUSETTS.—Deaths in fifteen Cities and Towns for the week ending March 7, 1874.

Boston, 119; Worcester, 14; Lowell, 30; Chelsea, 7; Salem, 7; Lawrence, 14; Springfield, 4; Lynn, 8; Fitchburg, 5; Taunton, 6; Newburyport, 6; Somerville, 8; Fall River, 15; Haverhill, 3; Holyoke, 2. Total, 248.

Prevalent Diseases.—Consumption, 50; pneumonia, 31; scarlet fever, 17.

GEORGE DERBY, M.D.,
Secretary of the State Board of Health.

DEATHS IN BOSTON for the week ending Saturday, March 14th, 140. Males, 69; females, 71. Accident, 2; abscess, 1; apoplexy, 3; aneurism, 1; bronchitis, 8; inflammation of the brain, 1; congestion of the brain, 1; disease of the brain, 6; cancer, 5; consumption, 22; convulsions, 7; croup, 1; debility, 3; diarrhoea, 1; dropsy of the brain, 3; dysentery, 1; epilepsy, 1; erysipelas, 2; scarlet fever, 9; disease of the hip, 1; disease of the heart, 7; homicide, 1; intemperance, 2; disease of the liver, 1; congestion of the lungs, 1; inflammation of the lungs, 13; marasmus, 5; old age, 9; stricture of the oesophagus, 1; neuralgia, 1; paralysis, 2; pleurisy, 1; premature birth, 1; peritonitis, 1; puerperal disease, 1; pyæmia, 3; rheumatism, 1; smallpox, 1; suicide, 1; ulcer of the stomach, 1; spina bifida, 1; tumor, 1; whooping cough, 1; unknown, 1.

Under 5 years of age, 43; between 5 and 20 years, 15; between 20 and 40 years, 27; between 40 and 60 years, 27; over 60 years, 28. Born in the United States, 97; Ireland 30; other places, 13.